

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9	/						59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14	/						64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19	/						69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25	/						75				
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28		/					78				
29		/					79				
30	/						80				
31		/					81				
32		/					82				
33		/					83				
34		/					84				
35		/					85				
36	/						86				
37		/					87				
38		/					88				
39	/						89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	35						TOTAL DEP.				
TOTAL CLAIMS	43						TOTAL CLAIMS				